Department of Health Services Toxic Substances Control Division Sacramento, California

Information in the shaded areas 2. Page 1 **UNIFORM HAZARDOUS** Generator's US EPA ID No. A D O 8 6. 5. 1 . 0 0 0 5|Document No is not required by Federal WASTE MANIFEST law A.State Manifest Document Number Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie B.State Generator's ID Torrance, CA 90502 4. Generator's Phone (213 533-667 US EPA ID Number C.State Transporter's ID Transporter 1 Company Name D 0.5.0.8 0 6 8 5 0 D.Transporter's Phone Oil Process Co. -5858963 US EPA ID Number E.State Transporter's ID Transporter 2 Company Name F.Transporter's Phone Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID 10. CASMALIA P.O. Box E NTU Road H.Facility's Phone Casmalia, CA 93429 K A D O 2 O 7 4 8 1 2 5 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Quantity Waste No. Type Wt/Vo E a. N Waste Sodium Hydroxide Liquid Corrosive - UN1824 001 04500 G 1212 E R A b. 0 C. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above P.H. 1.2 Sodium Hydroxide 6% Sodium Aluminate 6% Sulfur 4% 6% 15. Special Handling Instructions and Additional Information ZEMPRO 5089 3 Guide #60 Use gloves, goggles, respirator - May cause severe burns to skin & eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year $\cap \mathbb{R}[2M]\mathbb{R}$ Donald C. Gerher sh 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature マーショール <u> Pourhas</u> 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Signature Month Day Year Printed/Typed Name

Department of Health Services
Toxic Substances Control Division
Sacramento, California

ease	print or type. (Form designed for use on elite (12-pitch) typewriter.)					
	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5 Do.	Manifest cument No	2. Pag			ne shaded areas ed by Federal
	Douglas Aircraft Co. 190th & Normandie Benerator's Phone (213 543 667 Torrance, CA 90502				24	t Number
	Transporter 1 Company Name 6. US EPA ID Number			e Transporte	r's ID /	77777
	M1 Process Co.			sporter's Ph		 10
7.	Transporter 2 Company Name 8. US EPA ID Number				r's ID ²¹	3-5850063
9.	Designated Facility Name and Site Address 10. US EPA ID Number G.State Facility					
	CASMALIA P.O. Box E NTU Road Casmalla, CA 93429 C A D 0: 2:0:7 4					
11.	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	9 <i>r)</i> 12.Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	Waste Sodium Hydroxide Liquid Corrosive - UN1824	001	TT	04500	G	1212
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15.	Sodium Hydroxide 8% 6% P.H. 1.2 Sodium Aluminate 6% 4% Sulfur 6% 4% Nater 80% 86% 15. Special Handling Instructions and Additional Information Guide #60 ZEMPRO 5089 Use gloves, goggles, respirator - May cause severe burns to skin & eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
16.						
	Printed/Typed Name Signature / / / Month Day					
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17.	Transporter 1 Acknowledgement of Receipt of Materials		1	A thursten 1		₩ Date
A	Printed/Typed Name Signature	A	New York		Ä	Month Day Year
1	Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature					<u> :31 21 24</u>
18.						Date
	Printed/Typed Name Signature				A 1	fonth Day Year
19.	Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						F-12
	Printed/Typed Name Signature				A	Date fonth Day Year
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